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Atty Docket No. 022263-000210US

ATTENTION: Examiner  
TELEPHONE NO.:

Group Art Unit 2681

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**EXAMINER**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following document(s) in re Application of Lawrence J. Malone, et al., Application No. 10/807,208, filed March 22, 2004 for DIRECT-CONVERSION RECEIVER SYSTEM AND METHOD WITH QUADRATURE BALANCING AND DC OFFSET REMOVAL is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form;
2. Preliminary Amendment;
3. Revocation of Power of Attorney with New Power of Attorney and Statement Under 37 CFR 3.73(b); and
4. Supplemental Application Data Sheet.

Number of pages being transmitted, including this page: 11

Dated: July 22, 2004

  
Jeanette M. Olivera

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|----------------------------------------------------------------------------------------------------|----------------------|------------------------|-----------------|
| <b>TRANSMITTAL FORM</b><br><small>(to be used for all correspondence after initial filing)</small> | Application Number   | 10/807,208             |                 |
|                                                                                                    | Filing Date          | March 22, 2004         |                 |
|                                                                                                    | First Named Inventor | Malone, Lawrence J.    |                 |
|                                                                                                    | Art Unit             | 2681                   |                 |
|                                                                                                    | Examiner Name        |                        |                 |
| Total Number of Pages in This Submission                                                           | 10                   | Attorney Docket Number | 022263-000210US |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Statement Under 37 CFR 3.73(b)<br>Supplemental Application Data Sheet |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                                                      |
|--------------------------------------------|----------------------------------------------------------------------|
| Firm or Individual name                    | Townsend and Townsend and Crew LLP<br>Raymond B. Hom Reg. No. 44,773 |
| Signature                                  | <i>Raymond B. Hom</i>                                                |
| Date                                       | July 22, 2004                                                        |

| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                   |                            |
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| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on July 22, 2004. |                            |
| Typed or printed name                                                                                                                                 | Jeanette M. Olivera        |
| Signature                                                                                                                                             | <i>Jeanette M. Olivera</i> |
| Date                                                                                                                                                  | July 22, 2004              |

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